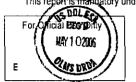
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0183 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 01947	2. Fiscal Year Covered From:					
Committee a - fortax 1	per vers . Summissing . I formation to the control of the control					
2 Name and address of name films	Symptomical Designation of Principles of Section and Control Principles of Principles					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name Harold Bock	Name UNITE HERE					
	Labor Organization File Number 000-511					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 7-9 W. Mulberry Street	Street 275 Seventh Avenue					
City Baltimore	City New York					
State Maryland ZIP Code + 4 21201	State New York ZIP Code + 4 (10001					
5. Position in labor organization. Vice President.						
Enter appropriate data below if, during the past fiscal year, you or your specified in the except as s	lusions set forth in the instructions): r derived income or other economic benefit of					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	7.b. Amount.					
Oldet						
City						
State ZIP Code + 4						
Sig	nature of the service					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed Harold Book,	On 5-3-06 [410-659-2191					
	Date Telephone Number					

Name of Person Filing Harold Bock		File Number U- 0	1947				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:						
Name Amalgamated Bank	(Z)						
Trade Name, if any:	a. Labor Organiza	ation		•			
P.O. Box, Bldg., Room No., if any	b. Trust						
Street 15 Union Square	L. Linployer						
City New York							
State New York ZIP Code + 4 10003				Ì			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.					
Name	Bank Director						
Trade Name, if any:	Cost: \$13,980.50 No. of shares: 50 Price per share: ;	\$279.61		e e			
P.O. Box, Bldg., Room No., if any	On 12/31/05, the		per share was	s \$242			
Street	11.b. Approximate dollar val	hand a such doubles		\$12,100			
City	12.a. Nature of interest he			312,1.50;			
State ZIP Code + 4	Dividends \$1703 Fees \$12,999 Meals for Directo Spouse Neva Bock	rs' meetings \$	\$430	e de la companya de l			
	Luci management						
	12.b. Amount.		gelden vijder in de deg van Addelsen de en de seen ook en de een de de seen ook en de een de	\$15,252			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				,			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	AND	the William to the second and the se				
Name				) }			
Trade Name, if any:	- CONTROL ABOVE - ABOV			Section :			
P.O. Box, Bldg., Room No., if any							
Street	Vacanda Principal Control of Cont			 			
City				venue veller			
State ZIP Code + 4		Annua 2000-000-000-000-000-000-000-000-000-00	ragampa ***********************************	; 			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

Name of Person Filing Harold Bock		File Number U- 01947

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	]
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	-
Street	7   1   1   1   1   1   1   1   1   1
THE PROPERTY OF THE PROPERTY O	
City	Landston to be a second of the
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12.b. Amount.

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Name of Pe	rson Filing Hard	old Bock				File Numl	ber <b>U-</b> 01947	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (include	ling trade name, i	if any).	9. Business deals with:	
Name UNITE HERE Workers Pens	sion Fund		🙀 a. Labor Organization	
Trade Name, if any:	Mindron American Service Service Application of the Control of the		a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suit	~ 303	***************************************	b. Trust	
<u></u>			c. Employer	
Street 6 Blackstone Valley Pla	ac€			
City Lincoln	f 151 santrone or one or a markabanda con risego que	ng normanna attang an ( =		
State Rhode Island	ZIP Code + 4 0	02865		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.		11.a. Nature of such dealing.	THE ACTION AND ADDRESS OF A SHAPE STATE OF THE STATE OF T
Name	With the service of t		Trustee	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	Mills on a second research compatibility of the property of the second s	EDYCLERA MARAMANANANANANA A A A A		
Street		*	The state of the s	
City	Manada in a principa po incluent minima manada ana			
Charles .	710 0-4-14		September 1997 (1997) (	AND A COLUMN ASSOCIATION OF THE PROPERTY OF TH
State:	ZIP Code + 4		11.b. Approximate dollar value of such dealing.	<u>                                     </u>
			12.a. Nature of interest held or income received.	
			Meals for Trustee meetings	
			**************************************	
			Opening Control	
			12.b. Amount.	\$353